

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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June 17, 2020

Ms. Lisa Lee  
Commissioner, Department for Medicaid Services  
Commonwealth of Kentucky  
Cabinet for Health and Human Services  
275 East Main Street, 6 West A  
Frankfort, KY 40601

RE: State Plan Amendment (SPA) Transmittal Number 20-0004

Dear Ms. Lee:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #20-0004      Effective Date: 1/1/2020  
Approval Date: 6/16/2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Keri Toback at (312) 353-1754 or by email at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned above the printed name.

Digitally signed by James G. Scott -S  
Date: 2020.06.17 14:31:20 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Sharley Hughes, KY DMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 4

2. STATE

**Kentucky**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**January 1, 2020**5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ -2,408,091b. FFY 2021 \$ -3,270,788

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A, Page 7.6.1(t) and (u), (d) - (g), (i), (k), (m),  
(00), (x)  
Att. 3.1-B,9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

The purpose of this SPA is to revise the Substance Use Benefits

11. GOVERNOR'S REVIEW (*Check One*)☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Lisa D. Lee

14. TITLE

Commissioner

15. DATE SUBMITTED

3/31/2020

16. RETURN TO

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

03/31/2020

18. DATE APPROVED

06/16/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2020.06.17 14:32:06 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

**1. Limitations on Amount, Duration or Scope of Services (continued)**

The following services will NOT be covered by Medicaid under this State Plan Amendment:

- (a) Services provided to residents of:
  - (1) nursing facilities;
  - (2) hospital;
  - (3) Intermediate Care Facility – Individual with Intellectual Disability (ICF-IID)
  - (4) Psychiatric Residential Treatment Facility (PRTF)
- (b) Services provided to inmates of local, state or federal jails, detention centers or prisons
- (c) Services to those with developmental and intellectual disabilities, without documentation of an additional psychiatric diagnosis for adults only.
- (d) Psychological assessment or testing for other agencies such as courts or schools, which does not result in the recipient receiving psychiatric intervention or therapy from the independent provider. If the testing results in behavioral health treatment, then the testing was medically necessary and would be covered. School services included in a child's Individual Education Plan (IEP) may be coverable under the Medicaid School-Based Services Program.
- (e) Consultation or educational services provided to Medicaid recipients or others
- (f) Collateral Outpatient therapy for ages 21 and over
- (g) Consultation or third party contacts shall be outside the scope of covered benefits, except for consultation provided as a part of collateral outpatient therapy or family outpatient therapy. Covered services require direct patient contact except collateral services for children under age twenty-one (21), when a part of the treatment plan
- (h) Telephone calls, emails, texts or other electronic contacts (excluding telehealth, as described on page 7.1 of the State Plan)
- (i) Travel time
- (j) Field trips, recreational, social, and physical exercise activity groups
- (k) Any applicable exclusion listed under the description of each service.



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

**2. Eligible Recipients**

All services, except for the following nine services are considered mental health, substance use, or co-occurring mental health and substance use services. These services are available for all Medicaid beneficiaries who meet the medical necessity criteria for these services and are described in Pages 7.6.1 (t – x):

- (a) Residential Services for Substance Use Disorders (substance use only);
- (b) Screening, Brief Intervention and Referral to Treatment (substance use only);
- (c) Assertive Community Treatment (mental health only);
- (d) Comprehensive Community Support Services (mental health only);
- (e) Therapeutic Rehabilitation (mental health only);
- (f) Withdrawal Management (substance use only);
- (g) Medication Assisted Treatment (substance use only);
- (h) Applied Behavior Analysis (mental health only); and
- (i) Inpatient Chemical Dependency Treatment (substance use only).

Except where indicated, all services will apply to both children and adults.

**3. Categories of Providers:**

Kentucky defines the following categories of providers:

- (a) Individual Practitioner: An individual practitioner who is licensed by the respective board in the Commonwealth of Kentucky or who is supervised by a licensed practitioner to render health services and/or bill Kentucky Medicaid.
- (b) Provider group: A group of more than one individually licensed practitioner who forms a business entity to render behavioral health services and bill Kentucky Medicaid.
- (c) Licensed organization: A business entity that employs licensed and non-licensed health professionals and is licensed to render behavioral health services and bill Kentucky Medicaid. This organization must also meet the following criteria:
  - (1) Be enrolled as a Medicaid provider in the Commonwealth of Kentucky;
  - (2) Demonstrate experience serving the population of individuals with behavioral health disorders relevant to the particular services provided;
  - (3) Have the administrative capacity to provide quality of services in accordance with state and federal requirements;
  - (4) Use a financial management system that provides documentation of services and costs; and



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

- (5) Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements.

All providers must operate within the scope of their license. Providing services to Medicaid recipients outside a provider's licensure is considered fraud.

**4. Rendering Providers:**

Rendering Provider Codes for chart beginning on next page

- \* Billed through supervisor
  - ✓ Individual Practitioner, Provider Group or Licensed Organization
  - ❖ Provider Group or Licensed Organization
  - ◆ Rendering Practitioners practicing as part of a Licensed Organizations
- LCADC, LCADCA, and CADC can only provide services for recipients with substance use disorders and within the scope of their practice.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

## 13d. Rehabilitative Services

## A. Treatment Services for Substance Use Disorders and Mental Health Disorders

## 4. Rendering Providers

Service	Provider Group	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CMHC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	LO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	RBT*																										
	LBA*	✓	✓																				✓	✓			
	LBA	✓	✓																				✓				
	CSA*																										
	Prevention Specialist*																										
	SUD Peer Support*																										
	Peer Support*																										
CADC*	✓	✓																									
LCADCA *	✓	✓																									
LCADC	✓	✓																									
PA	✓	✓																									
APRN	✓	✓																									
Psychiatrist	✓	✓																									
MD	✓	✓																									
LMFTA*	✓	✓																									
LMFT	✓	✓																									
LPATA*	✓	✓																									
LPAT	✓	✓																									
LPCA*	✓	✓																									
LPCC	✓	✓																									
CSW*	✓	✓																									
LCSW	✓	✓																									
LPP /CP with autonomous functioning																											
LPA/CP*	✓	✓																									
LP	✓	✓																									
A. Screening	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
B. Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C. Psychological Testing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D. Crisis Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
E. Mobile Crisis	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
F. Residential Crisis Stabilization	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
G. Day Treatment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
H. Peer Support																											
I. Intensive Outpatient Program (IOP)	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	
J. Individual Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
K. Group Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

Service	LP	LPA*	LPP or CP with autonomous functioning	LCSW	CSW*	LPCC	LPCH*	LPAT	LPATA*	LMFT	LMFTA*	MD	Psychiatrist	APRN	PA	LCADC	LCADCA*	CADC*	Peer Support*	SUD Peer Support*	Prevention Specialist*	CSA	LBA	LABA*	RBT*	LO	CMHC	Provider Group
L. Family Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
M. Collateral Outpatient Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N. Partial Hospitalizations	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
O. Service Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
P. Residential Services for SUD (Substance use only)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Q. SBIRT (Substance Use Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
R. Assertive Community Treatment (Mental Health Only)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
S. Comprehensive Community Support Services (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



State: Kentucky

Attachment 3.1-A  
Page 7.6.1(g)(1)

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

A. Treatment Services for Substance Use Disorders and Mental Health Disorders

4. Rendering Providers

T. Withdrawal Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓	✓
U. Medication Assisted Treatment (MAT)	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖	❖									✓	✓	✓
V. Applied Behavior Analysis (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓	✓	✓	✓	✓	✓	
W. Inpatient Chemical Dependency Treatment (Substance Use Only)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆							✓	✓	
X. Therapeutic Rehabilitation (Mental Health Only)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			❖				✓	✓	✓	✓	✓	✓	✓	

TN No. 20-004  
Supersedes  
TN No. New

Approval Date: June 16, 2020

Effective Date: January 1, 2020



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- (f) [Residential Crisis Stabilization](#)
- (g) [Day Treatment](#)
- (h) [Peer Support](#)
- (i) [Intensive Outpatient Program \(IOP\)](#)
- (j) [Individual Outpatient Therapy](#)
- (k) [Group Outpatient Therapy](#)
- (l) [Family Outpatient Therapy](#)
- (m) [Collateral Outpatient Therapy](#)
- (n) [Partial Hospitalization](#)
- (o) [Service Planning](#)
- (p) [Residential Services for Substance Use Disorders](#) (Substance use only)
- (q) [Screening, Brief Intervention and Referral to Treatment](#) (SBIRT) (Substance use only)
- (r) [Assertive Community Treatment](#) (Mental health only)
- (s) [Comprehensive Community Support Services](#) (Mental health only)
- (t) [Therapeutic Rehabilitation](#) (Mental health only)
- (u) [Withdrawal Management](#) (Substance use only)
- (v) [Medication Assisted Treatment](#) (MAT) (Substance use only)
- (w) Applied Behavior Analysis (ABA) (Mental health only)
- (x) Inpatient Chemical Dependency Treatment (Substance use only)

(a) [Screening](#)

Screening shall be the determination of the likelihood that a person has a mental health, substance use, or co-occurring mental health and substance use disorder. The purpose is not to establish the presence or specific type of such a disorder but to establish the need for an in-depth assessment.

(b) [Assessment](#)

Assessment shall include gathering information and engaging in a process with the recipient that enables the provider to establish the presence or absence of a mental health disorder, substance use disorder or co-occurring disorders; determine the recipient's readiness for change; identify recipient's strengths or problem areas that may affect the processes of treatment and recovery; and engage the recipient in the development of an appropriate treatment relationship. The purpose of an assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the recipient to develop an individualized treatment and service plan, if a clinical disorder or service need is assessed. Also includes functional behavioral assessment utilized when problem behaviors (e.g. aggression, self-injury, destruction of property) are present to identify the reason(s) behavior(s) occur and the skills and strategies necessary to decrease them. This service also includes interpretation and written report of assessment gs. This does not include psychological evaluations or assessments. Assessments for the treatment of substance use disorders should utilize the most current edition of The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions criteria for multidimensional assessments.



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

- To provide comprehensive community support services, a licensed organization or provider group shall:
- Have the capacity to employ staff authorized pursuant to 908 KAR 2:250 to provide comprehensive community support services in accordance with subsection (2)(k) of this section and to coordinate the provision of services among team members; and
- Meet the requirements for comprehensive community support services established in 908 KAR 2:250.

(t) Therapeutic Rehabilitation TREATMENT OF MENTAL HEALTH ONLY

Therapeutic Rehabilitation is a rehabilitative service for adults with serious mental illnesses and recipients under the age of twenty-one years who have a serious emotional disability designed to maximize reduction of the symptoms associated with a mental health disorder and restoration of the recipient's best possible functional level. Services shall be designed for the reduction in disabilities related to social, personal, and daily living skills, as well as the restoration of these skills. The recipient establishes his own rehabilitation goals within the person centered service plan. Component services are delivered using a variety of psychiatric rehabilitation techniques and focus on improving daily living skills, self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and interpersonal skills. Services may be delivered individually or in a group.

(u) Withdrawal Management TREATMENT OF SUBSTANCE USE ONLY

Withdrawal Management is a set of interventions aimed at managing acute intoxication and withdrawal based on the severity of the illness and co-occurring conditions identified through a comprehensive biopsychosocial assessment and with linkage to addiction management services. This service can be offered by a provider group or licensed organization in a variety of settings and levels of intensity along a continuum to include outpatient, residential and inpatient, which can be clinically or medically monitored in accordance with the most current version of *The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions* for Withdrawal Management levels. All recipients who are appropriately placed in any level of withdrawal management must meet the most current edition of diagnostic criteria for Substance Withdrawal Disorder found in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, as well as the most current edition of the ASAM criteria dimensions of care for admission.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

## 13d. Rehabilitative Services

## Authorized Providers

Withdrawal management may be provided by an individual, provider group or licensed organization that meets the criteria of a licensed organization and be provided by the following:

- A medical professional such as a physician, psychiatrist, physician assistant or advanced practice registered nurse; or
- Other approved behavioral health practitioner or approved behavioral health practitioner under supervision in accordance with 907 KAR 15:005 with the appropriate clinical or medical oversight according to the most current version of *The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*.

(v) Medication Assisted Treatment (MAT) **TREATMENT OF SUBSTANCE USE ONLY**

Medication Assisted Treatment (MAT) is an evidence based practice with the use of FDA approved medications, in combination with counseling, behavioral therapies, and other supports to provide a “whole patient” approach to the treatment of substance use disorder. The duration of treatment should be based on the individual needs of the person served. Prescribing is limited to Kentucky Medicaid enrolled DEA waived practitioners who have experience with addiction medicine. Licensed Credentialed Addiction Treatment professionals and other support services including but not limited to Targeted Case Management, Drug and Alcohol Peer Support Specialists, and Substance Use specific Care Coordination must be co-located or virtually located at the same practice site as the DEA waived practitioner or have agreements in place for linkage to appropriate behavioral health treatment providers. Staff shall be knowledgeable in the assessment, interpretation, and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders. MAT can be provided in primary care settings with the appropriate treatment linkage agreement, outpatient behavioral health settings, licensed organizations, or within SUD residential treatment programs that have care coordination in place.

The program must:

- Assess the need for treatment which includes a full patient history to determine the severity of the recipient’s substance use disorder
- Identify any underlying or co-occurring diseases or conditions and address as needed.
- Educate the recipient about how the medication works and the associated risks and benefits; as well as education on overdose prevention.
- Evaluate the need for medically managed withdrawal from substances.
- Obtain informed consent prior to integrating pharmacologic and non-pharmacologic therapies.
- Refer patients for higher levels of care, if necessary.



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

**Authorized Prescribing Providers:**

Practitioners must be employed by a provider group or licensed organization that meets the criteria of a provider group or licensed organization and the following additional criteria:

- A Physician or Advanced Practice Registered Nurse (APRN) licensed to practice medicine under KRS Chapter 311;
- Shall meet standards in accordance with 201 KAR 9:270 or 201 KAR 20:065; and
- Maintain current waiver under 21 U.S.C. Section 823(g)(2) to prescribe buprenorphine products.

**Other Authorized Providers:**

An approved behavioral health practitioner or approved behavioral health practitioner under supervision in accordance with 907 KAR 15:005 to provide counseling, behavioral therapies, and other support components with experience and knowledge in addiction medicine.

**Narcotic Treatment Programs (NTP):**

Narcotic Treatment Programs (NTP) are licensed organizations that provide MAT services for methadone in accordance with 908 KAR 1:370 and 908 KAR 1:374, or in a medication unit affiliated with an NTP. A medication unit affiliated with an NTP includes a Medication Station or Dosing Location that obtains its Methadone drug supply from the main program site and retain all records (except dosing and drug screens) at the main location. The main program of a NTP means the location of the MAT program where all administrative and medical information related to the NTP is retained for the purpose of on-site reviews by federal agencies, the state narcotic authority or state opioid treatment authority designee. NTP for the treatment of substance use disorders must have the capacity to provide the full range of services included in the Medication Assisted Treatment definition and document supporting behavioral health services in addition to medication dosing.



13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

13d. Rehabilitative Services

(w) Applied Behavior Analysis (ABA)

In accordance with KRS 319C.010, applied behavior analysis is described as the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and environment which utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and elicit behaviors under specific environmental conditions.

Applied behavioral analysis services should apply principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis, including but not limited to applications of those principles, methods, and procedures to:

- Design, implement, evaluate, and modify treatment programs to change the behavior of individuals;
- Design, implement, evaluate, and modify treatment programs to change the behavior of individuals that interact with a recipient;
- Design, implement, evaluate, and modify treatment programs to change the behavior of a group or groups that interact with a recipient; and
- Consult with individuals and organizations.

Authorized Providers

Applied Behavioral Analysis practitioners must be employed by an individual provider, provider group or licensed organization that meets the criteria of a licensed organization and be provided by the following:

- A Board Certified Physician or Licensed Psychiatrist with knowledge and experience in applied behavioral analysis.
- Be a Licensed Behavior Analyst or Licensed Assistant Behavioral Analyst pursuant to KRS 319C.080
- Be a Registered Behavioral Technician who meet the requirements provided by the Behavioral Analyst Certification Board (BACB).
- An approved behavioral health practitioner or approved behavioral health practitioner under supervision in accordance with 907 KAR 15:005 with documented training in applied behavior analysis.

13. Other diagnostic, screening, preventive and, rehabilitative services, i.e., other than those provided elsewhere in this plan.

## 13d. Rehabilitative Services

## (x) Inpatient Chemical Dependency Treatment TREATMENT OF SUBSTANCE USE ONLY

Inpatient Chemical Dependency Treatment services are structured inpatient programs to provide medical, social, diagnostic, and treatment services to individuals with substance use disorder. Services may be provided in an inpatient facility 24-hours per day, seven (7) days per week, 365 days a year under the medical direction of a physician with continuous nursing services.

Inpatient chemical dependency treatment programs should meet the service criteria for medically monitored intensive inpatient services using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions*.

The component services of inpatient chemical dependency treatment units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, peer support, medication assisted treatment and withdrawal management. Withdrawal management services provided in an inpatient chemical dependency treatment program should meet the service criteria for medically monitored inpatient withdrawal management services using the current edition of *The American Society of Addiction Medicine's (ASAM) Criteria, Treatment Criteria for Addictive, Substance-Related, and co-Occurring Conditions*.

Care coordination in substance use treatment is essential in meeting recipients' needs and treatment goals to improve overall health outcomes, and requires continued follow up, progress monitoring and tracking of patient outcomes to ensure these goals are met. For those recipients in inpatient chemical dependency treatment, care coordination should include at minimum referring the recipient to appropriate community services, facilitating medical and behavioral health follow ups and linking to appropriate level of substance use treatment within the continuum in order to provide ongoing support for recipients. Care coordination shall also include facilitating medication assisted treatment for recipients as necessary, per recipient choice.

Inpatient chemical dependency treatment does not include, and federal financial participation (FFP) is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

KY Medicaid will not pay for this service in a unit of more than 16 beds or multiple units operating as one unified facility with more than 16 aggregated beds except for services furnished pursuant to the state plan benefit "inpatient psychiatric services for individuals under 21" (section 1905(a)(16) of the Act; 42 CFR 440.160) or pursuant to an exclusion for individuals age 65 or older who reside in institutions that are IMDs (section 1905(a) of the Act; 42 CFR 440.140.)